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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |   |             |                         | Docket Number (Optional) |  |
|--|---|-------------|-------------------------|--------------------------|--|
|  |   |             |                         | MERCK-2854               |  |
| In re Application of SCHMIDT et al.  |   |             |                         |                          |  |
|  | Application Number 10/811,143   |             | Filed<br>March 29, 2004 |                          |  |
|  | For SILVER PIGMENTS   |             | IENTS                   | <u> </u>                 |  |
|  | Group Art Unit Examiner   |             |                         |                          |  |
|  |   | 1755        | MANLOVE, Sha            | ie A.                    |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.  |   |             |                         |                          |  |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired):   |   |             |                         |                          |  |
|  | One month (37 CFR   | 1.17(a)(1)) |                         | \$                       |  |
| ▼ Two months (37 CFR 1.17(a)(2))   |   |             | \$ <u>450.00</u>        |                          |  |
| ☐ Three months (37 CFR 1.17(a)(3))   |   |             | \$                      |                          |  |
|  | Four months (37 CFR 1.17(a)(4))   |             |                         | \$                       |  |
|  | Five months (37 CFR 1.17(a)(5))   |             |                         | \$                       |  |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$                                |   |             |                         |                          |  |
| A check in the amount of the fee is enclosed.  |   |             |                         |                          |  |
| $\boxtimes$  | Payment by credit card via EFS.   |             |                         |                          |  |
|  | The Commissioner has already been authorized to charge fees in this application to a Deposit Account.   |             |                         |                          |  |
|  | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u> . |             |                         |                          |  |
| I have enclosed a duplicate copy of this sheet.  |   |             |                         |                          |  |
| I am the  applicant/inventor.  |   |             |                         |                          |  |
| assignee of record of the entire interest. See 37 CFR 3.71   |   |             |                         |                          |  |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |   |             |                         |                          |  |
| □ attorney or agent of record.   |   |             |                         |                          |  |
|  | attorney or agent under 37 CFR 1.34(a).   |             |                         |                          |  |
| Registration number if acting under 37 CFR 1.34(a)   |   |             |                         |                          |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |   |             |                         |                          |  |
|  | July 23, 2007   |             | /Harry                  | B. Shubin/               |  |
|  | Date  |             |                         | ignature                 |  |
|  |   |             | Harry B. Shub           | oin, Reg. No. 32,004     |  |
|  |   |             |                         | r printed name           |  |
|  |   |             |                         |                          |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple                                     |   |             |                         |                          |  |
| forms if more than one signature is required, see below*.  X *Total of 2 forms are submitted   |   |             |                         |                          |  |